



Neighborhood Partnership Program

City of Las Vegas - Neighborhood Services Department

REGISTRATION FORM

Neighborhood-based groups are invited to register with the city's Neighborhood Partnership Program. Registering with the city means that the residents in your neighborhood want to work together as an association and access programs and services offered through the Neighborhood Services Department including:

- ☐ Opportunities for early input in the development review process by receiving advanced notice of development proposals appearing before the Planning Commission.
- ☐ Resources to facilitate effective communication with city staff and elected officials to maintain or improve the quality of life in the community.
- ☐ Opportunities for participating in the Neighborhood Partners Fund. This Fund offers matching grants of up to \$5,000 for neighborhood projects including physical improvements, safety and security, and educational, recreational, and cultural initiatives.
- ☐ Opportunities for participating in the nationally recognized Youth Neighborhood Association Partnership Program. This award-winning program promotes youth leadership by offering matching grants of up to \$1,000 for youth-initiated community improvement projects.
- ☐ Opportunities to develop a neighborhood plan that expresses your community's shared vision and outlines a course of action for citizen-initiated neighborhood improvements.
- ☐ Leadership training for effective communication, cooperation, and consensus building within neighborhoods.
- ☐ The quarterly newsletter *block by block* for information on neighborhood activities and programs.

If you need help organizing a neighborhood association in your area, please call the Neighborhood Planning and Support Division at 229-6269 or e-mail us at neighborhoodsonline@ci.las-vegas.nv.us. It may take up to 4 weeks from the date you submit the attached registration form for your information to be completely processed into all the computerized systems. The City of Las Vegas will mail letters to each household within your neighborhood boundaries letting them know how to contact you.

<p>Neighborhood Services Department - Neighborhood Planning and Support Division www.ci.las-vegas.nv.us</p>

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REGISTRATION FORM

To register your neighborhood, simply complete this form by filling in the contact information for your president and a backup person (e.g. vice president, treasurer, property manager). Please let us know when new officers are elected and contact information changes. Periodically we will contact you to ensure our records are current. To provide our registered neighborhood groups with timely information, we are communicating more often by e-mail and fax.

If you have questions or would like to learn more about the neighborhood services, please contact us at 229-6269 or email us at neighborhoodsonline@ci.las-vegas.nv.us. You may mail or fax your completed registration form to:

ADDRESS: City of Las Vegas - Neighborhood Services Dept.

FAX: (702) 382-3045

Neighborhood Planning and Support Division
400 E. Stewart Ave., 2nd Floor
Las Vegas, NV 89101

- - - PLEASE PRINT OR TYPE BELOW and DETACH HERE - - -

Please list the Association name and the type it is considered.

Organization Name: _____ **Date:** _____

Check One: ☐ New Registration ☐ Updated Registration Information

Type of Organization: ☐ Neighborhood Association ☐ Homeowners Association

☐ Business Association ☐ Other (*please describe*) _____

Primary Contact Name: _____ **Position:** _____

Mailing Address: _____ Las Vegas, NV Zip Code: _____

Home Tel. No.: _____ Work Tel. No.: _____

Cell Tel. No.: _____ Fax Tel. No.: _____

Email Address: _____

Alternate Contact Name: _____ **Position:** _____

Mailing Address: _____ Las Vegas, NV Zip Code: _____

Home Tel. No.: _____ Work Tel. No.: _____

Cell Tel. No.: _____ Fax Tel. No.: _____

Email Address: _____

Association Boundaries:

North: _____ South: _____

East: _____ West: _____

Please list the three most significant issues the neighborhood is currently dealing with.

1. _____
2. _____
3. _____

FOR OFFICE USE ONLY:

Planner: _____ Have site map and boundaries been verified: Yes No Assoc. No. Assigned: _____
Date Registered: _____ Was organization information completed and verified through contact person: Yes No
Reviewed By: _____ Date: _____